

HOSPITAL EXPOSURE WORKSHEET FOR SURCHARGE CALCULATION

Name of Hospital: _____

License No: _____

List all facilities and/or services operated under the hospital license (as identified on the Department of Health Application for License to Operate a Hospital):

CATEGORY	EXPOSURE	MANUAL	TOTAL
Provide # of Beds			Category x Manual=Total
	Hospital (Acute care and Intensive Care)	523.00	
	Mental Health/Rehabilitation	262.00	
	Extended Care/Intermediate Care/Residential	26.00	
	Nursing Home/Critical Extended Care	262.00	
	Health Institution/Assisted Living/Other	105.00	
	Bassinets	523.00	
# of Visits (in 100s)			
	Emergency Room	52.30	
	Clinics/Others	26.15	
	Mental Health/Rehabilitation	13.08	
	Health Institution	10.46	
	Home Health Care	26.15	
Provide # of Surgeries/Births (in 100s)			
	Births	2,092.00	
	Outpatient Surgeries	52.30	
	Inpatient Surgeries	1,046.00	
# of Employed Physicians Sharing Limits	Class	Annual Rate	50% of Specialty Class Code
	0	2,334.00	
	1	3,112.00	
	2	4,357.00	
	3	5,602.00	
	4	7,002.00	
	5	9,336.00	
	6	14,004.00	
	7	21,784.00	
	8	26,452.00	
		SUB-TOTAL	
	Lack of Risk Management Program	10% Penalty x sub-total	
	Hospital with > 500 beds	3% multiplier of	
		TOTAL DUE	